



St. John's Lutheran Evangelical Church & School
663 Manor Road ■ Staten Island ■ New York 10314
Phone: 718-761-1858 Fax: 718-761-4962
Website: www.stjohnslutheransi.org

ST. JOHN'S LUTHERAN PRE-SCHOOL APPLICATION FORM

Child's Name _____ Boy _____ Girl _____

Parent's Name, if last is different _____

Birth Date _____ Place of Birth _____

Address _____ Zip _____

Home Phone # _____ Parent's Cell: _____

Child's Date of Baptism: _____ Church: _____

Father's Name: _____ **Mother's Maiden Name** _____

Father's Occupation _____ Mother's Occupation _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Religious Denomination _____ Religious Denomination _____

Are you a member of St. John's Lutheran Church? _____ If not, please fill in the following...

Church Membership _____ Church Membership _____

Church Address _____ Church Address _____

Pastor's Name _____ Pastor's Name _____

Physical Development - General Health of Child

Does your child have any allergies or conditions that we should be aware of?

Yes _____ No _____. If yes, please explain _____

What do you consider the chief reason for enrolling your child at St. John's Lutheran? _____

How did you come to hear about our school? School Parent _____ Advertisement _____

Other _____

Please write below any further information about your child or your family which you believe would be helpful to us in understanding your child: _____

Please check preferences: Half-Day UPK is free.

St. John's Lutheran Full Day Pre-School Requires Registration & Tuition Payment

9 AM – 11:30 AM UPK

12:30 PM – 3 PM UPK

Paid PM SJL Pre K

_____ 5 Days/Week

_____ 5 Days/Week

_____ 5 Days/Week

The following information is needed for certain City and State Reports: *Children may not be refused admission because of religion, race, color, nationality, or ethnic origin.*

1. **Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Dominican, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race. _____ Yes, _____ No
2. **Please select one or more race from the following five racial groups.**
 - 1 _____ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North America and South America (including Central America).
 - 2 _____ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-Continent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - 3 _____ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, or other Pacific Islands.
 - 4 _____ **Black:** A person having origins in any of the Black racial groups of Africa.
 - 5 _____ **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

If you are not a regular church member and would like to know more about the teachings of the Lutheran Church, please check "Yes." Yes _____ No _____

"The given information is correct to the best of our knowledge."

Mother's Signature	Father's Signature	Date
--------------------	--------------------	------

For Office Use Only: Accepted: _____ Registration Fee Paid: _____
 Medical Record/Immunization in: _____ Birth Certificate: _____ Wait List Date: _____